MEMORANDUM

To: ELECTRONIC CLAIMS PROVIDER

From: SYSTEMS LIAISON SERVICES

Subject: SUBMITTER IDENTIFICATION FORM

Date: SEPTEMBER, 2003

SUBMITTER IDENTIFICATION FORM:

THE OFFICE OF OPERATIONS AND ELIGIBILITY REQUIRES THE ESTABLISHMENT OF A SUBMITTER IDENTIFICATION FORM BETWEEN THE PROGRAM AND PAYEE PROVIDERS WHO ARE SUBMITTING ELECTRONIC MEDIA CLAIMS (EMC). THIS IS IN ACCORDANCE WITH FEDERAL REGULATIONS FOR MEDICAID MANAGEMENT INFORMATION SYSTEMS AS SPECIFIED BY CENTERS FOR MEDICARE AND MEDICAID SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ENCLOSED PLEASE FIND THE SUBMITTER IDENTIFICATION FORM WHICH MUST BE COMPLETED BY EACH MEDICAL CARE PROGRAM PAYEE PROVIDER BILLING EMC. THE COMPLETION OF THE SUBMITTER IDENTIFICATION FORM REQUIRES THE FOLLOWING SPECIFIC INFORMATION TO BE FURNISHED:

1. **CHECK WHETHER THIS IS A NEW APPLICATION OR A CHANGE OF SUBMITTERS.**

2. **SINCE THIS IS THE INITIAL APPLICATION THE NAME, ADDRESS, CITY, STATE AND ZIP CODE OF THE PAYEE PROVIDER MUST BE COMPLETED IN THE SPACE PROVIDED IN ITEM #2 OF THE SUBMITTER IDENTIFICATION FORM.**

3. **THE NAME, ADDRESS, CITY, STATE AND ZIP CODE OF THE ELECTRONIC SUBMITTER AGENT OR ORGANIZATION MUST BE COMPLETED IN THE SPACE PROVIDED IN ITEM 3 OF THE SUBMITTER IDENTIFICATION FORM.**

4. **PLEASE COMPLETE ITEM 4 BY CHECKING THE STANDARD TRANSACTIONS THAT YOU WILL BE EXCHANGING WITH MARYLAND MEDICAID.**

5. **COMPLETE THE PAYEE PROVIDER NAME, PAYEE PROVIDER NUMBER AND HAVE THE DOCUMENT SIGNED AND DATED BY AN AUTHORIZED REPRESENTATIVE OF THE PAYEE PROVIDER ORGANIZATION.**

THE OFFICE OF OPERATIONS AND ELIGIBILITY REQUIRES THE COMPLETION, SUBMISSION AND RECEIPT OF THE SUBMITTER IDENTIFICATION FORM BEFORE THE SUBMISSION OF ANY (LIVE) EMC DATA. THE CLAIMS PROCESSING SYSTEM WILL REJECT AUTOMATICALLY ALL CLAIMS SUBMITTED VIA EMC IF A PROPERLY COMPLETED SUBMITTER IDENTIFICATION FORM IS NOT RECEIVED.

THE OFFICE OF OPERATIONS AND ELIGIBILITY IS CAPABLE OF ELECTRONICALLY REPORTING THE CURRENT WEEKS CLAIMS FOR EACH PAY TO/PAYEE PROVIDER NUMBER. PAY TO/PAYEE PROVIDERS WHO ARE INTERESTED IN HAVING THEIR CLAIM DATA AVAILABLE FOR RETRIEVAL VIA THE ELECTRONIC REMITTANCE ADVICE MUST APPLY AND BE REGISTERED IN ADVANCE BY FILING A COMPLETED SUBMITTER IDENTIFICATION FORM WITH OUR DEPARTMENT. THE COMPLETED SUBMITTER IDENTIFICATION FORM MUST BE FORWARDED TO:

RITA TATE
201 W. PRESTON ST., RM. LL3
BALTIMORE, MD 21201
ATTN: HIPAA BILLING AGREEMENTS

A COPY OF THAT FORM SHOULD THEN BE FORWARDED TO THE SUBMITTER AGENT; AND ANOTHER COPY SHOULD BE RETAINED FOR THE PAYEE PROVIDERS RECORDS.

VERY IMPORTANT: A NEW SUBMITTER IDENTIFICATION FORM **MUST** BE COMPLETED AND RESUBMITTED WHEN THE PAYEE PROVIDER ORGANIZATION CHANGES TO A DIFFERENT SUBMITTER AGENT. THE PROCEDURE DESCRIBED ABOVE SHOULD BE USED WHEN COMPLETING AND SUBMITTING A NEW DOCUMENT. A NEW SUBMITTER IDENTIFICATION FORM MUST BE COMPLETED AND RESUBMITTED WHEN THE PROVIDER ORGANIZATION WANTS OOEMCP TO REPORT THE RESULT OF THE CLAIMS PROCESSING TO A DIFFERENT SUBMITTER AGENT VIA THE 835, HEALTH CARE CLAIM PAYMENT/ADVICE.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO THIS MATTER. IF YOU HAVE ANY QUESTIONS CONCERNING THE COMPLETION OF THE FORMS, PLEASE CONTACT HIPAA EDITEST CENTER AT 410-767-4682.